CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
3177

(1) PLACE OF BIRTH

County of Barnwell
Township of Red Oak
or
Inc. Town of Snelling
or
City of Snelling (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 509 Registered No. 8
(For use of Local Registrar)

(2) Full Name of Child Georgiana Ford (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl
(4) Twin or Triplet? (5) Number in order of birth
To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Feb 23rd 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Prince Ford	(14) NAME BEFORE MARRIAGE	Mattie Brunson
(9) PRESENT POSTOFFICE OF FATHER	Barnwell	(15) PRESENT POSTOFFICE OF MOTHER	Barnwell
(10) COLOR OR RACE	negro	(16) COLOR OR RACE	negro
(11) AGE AT LAST BIRTHDAY (Years)	32	(17) AGE AT LAST BIRTHDAY (Years)	25
(12) BIRTHPLACE	Barnwell	(18) BIRTHPLACE	Barnwell
(13) OCCUPATION	Farming	(19) OCCUPATION	Farming
(20) Number of children born to mother, including present birth	2	(21) Number of children of this mother now living, including present birth	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Becca Ray

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Midwife

Given name added from a supplemental report

..... 19 ....
Registrar.

(26) Witness W. R. Parker
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 3rd 1922 (28) Mrs Parker
Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.
WHITE PLAINLY, WITH UNCALLING INK—FILL IN A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
MEDICAL CO. COLUMBIA, S. C.